

**EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY
COUNCIL MEETING MINUTES
NOVEMBER 27, 2001**

MEMBERS PRESENT: Mr. Jesus Cepero, Dr. Anthony Greenberg, Dr. Mary Kamienski, Dr. Ernest Leva, Dr. Al Sacchetti, Mr. Daniel Sullivan

MEMBERS ABSENT: Dr. Frank Briglia, Ms. MaryEllen Brock, Dr. Frank Cunningham, Dr. Martin Diamond, Ms. Carolyn Ferolito, Dr. Thomas Whalen, Mr. Thomas Zarra

DHSS PRESENT: Ms. Bonnie Anderson, Ms. Traci Anderson, Dr. John Brennan, Ms. Nancy Kelly-Goodstein, Ms. Susan Way

VISITORS & GUESTS: Ms. Margaret Bush, Mr. Michael Pante, Ms. Regina Broadbelt

The meeting was called to order at 10:20 by Dr. Ernest Leva.

The September 25, 2001 meeting minutes were approved.

Dr. Leva stated there is no specific information for the Chairman's Report.

OEMS REPORT

Ms. Susan Way stated that the Department has been very busy with the response to events of September 11th and also the anthrax situation. The Department labs were very busy with anthrax testing as well as the Commissioner and his staff working with various federal and state agencies to deal with this on both the criminal and health levels. Recently, we have been reorganized into a new division called the Division of Local Health and Emergency Services. It is comprised of the Office of Local Health which deals with local, county and regional health departments throughout the state. The local health departments are not under state rule, but there are certain state

mandates that they must fill (i.e. minimum practice standards). Most local health departments are organized through the municipality, region, or county that they fall under. An individual municipality is not required to have a local health department, but may have mandates to address certain health issues. Almost every municipality has a Board of Health, which is different.

Dr. Leva voiced a concern over the local health system that does not report to the Department. The example he used was that of the State Medical Examiner, which has no authority over the County Medical Examiner's office. If the local health system is being organized now, Dr. Leva would suggest that we put in a strong recommendation that the local health departments be under the authority of the State Department of Health and Senior Services. Ms. Way responded that the Office of Local Health already existed, within the Department, and this reorganization put related units together into a Division. Ms. Way then added that the Office of Local Health provides grants to local health departments.

Public Health priority funding is the one example of monies that are issued in grants to the local health departments to provide local health services. The state Office of Local Health sets the minimum standards required of local health offices and officers. You must meet a certain minimum set of standards that is set by the state. Up until November 1, 2001, the Office of Local Health and the Office of Emergency Medical Services have existed within the Department, but in different areas.

Given recent events, it is believed that there is a need for greater communication between the local health departments and EMS, as well as with, the third section of our new division, which is the Office of Emergency Response. Mr. Joe Kolakowski is responsible for the Emergency Management for the Department. This new division reports to Mr. Rich Matzer, Acting Division Director. Mr. Matzer reports to Senior Assistant Commissioner Blumenstock who in turn reports to the Commissioner. Dr. Leva suggested inviting Mr. Matzer to our next meeting.

Dr. Brennan stated that the proposed \$37 million in federal funding for bioterrorism and disaster preparedness would be available to hospitals shortly. Additionally, information should be released shortly regarding grant monies of \$50 million, to be available to the Health Departments.

Ms. Susan Way checked on the status of the proposed hospital regulation regarding the on-call response and there has been no progress, it is under review for adoption. If it is not adopted by March, the proposal will expire and the process will have to start over. Dr. Sacchetti asked who is mounting the main opposition? Ms. Way was unsure, but the New Jersey Medical Society has voiced concerns about the proposal. Discussion followed about the rule. The current rule requires the consultant to respond by telephone within 15 minutes and in person within 30 minutes. The proposed rule, the consultant must respond by phone within 20 minutes, and then an in-person response is agreed upon by both physicians. The in-person response for pediatric patients is capped at no longer than 60 minutes.

TRAUMA NEEDS ASSESSMENT SUPPLEMENTAL

Two meetings were conducted, one on October 10th and one on November 5th. A strategic plan has been generated which includes 19 concerns from a list of strengths, weaknesses, opportunities and threats. Each of the concerns have a goal and objectives. The committee was then asked to choose and rank the top three concerns, taking into consideration achievability as well as priorities. Once this information is collected, the final report can be generated for submission to the EMS Council, then to the Commissioner, and finally to the Federal Government. Given the events of September 11th, all grantees received an extension on project deadline to March 1, as a disaster preparedness question was added to the survey.

MEMBERSHIP

It is transition time and everything is on hold. Which included the addition of the State School Nurses Association Representative. Ms. Carol Ann Giardelli from New Jersey Safe Kids is very interested in participating in the EMSC program. Ms. Regina Broadbelt, School nurse representative was introduced. Ms. Kelly-Goodstein reported that she is still awaiting membership recommendations from the trauma council.

2002 CONFERENCE

We have changed the dates of the Conference to May 5th and 6th, and the EMS Awards dinner will be held on Monday, May 20th. Both will be at the same facility, the Radisson in Mount Laurel. Dr. Brennan advised that the Medical Society of New Jersey (MSNJ) is scheduled to host it's annual conference the weekend of the EMSC conference.

Dr. Leva will help with the credits for physicians. Advanced Pediatric Life Support program (APLS) was suggested to be presented to the physicians. Dr. Brennan suggested running a Pediatric Advanced Life Support (PALS) desertification program within the APLS course. Ms. Nancy Kelly-Goodstein suggested that we look into offering those programs separately. Dr. Brennan suggested we offer an advanced airway component. Ms. Traci Anderson stated that there is interest in getting the physicians to attend, but the available room is limited to 30 people. This idea will be researched. Discussion followed regarding exhibit areas. Ms. Traci Anderson was asked to check to see if an expo area was available.

STANDING ORDERS

Ms. Nancy Kelly-Goodstein took the Proposed Standing Orders/Radio Failure Protocols and forwarded them to Dr. Larry DesRouchers who chairs the Mobile Intensive Care Unit (MICU) Standing Orders Committee. Dr. DesRouchers forwarded a list of suggestions for our review.

Concerns were raised about the determination of the stability of the patient. The purpose of the standing orders is to allow treatment to begin for a critical patient prior to contacting the medical command physician. Dr. Kaminski added that there is also the issue of radio failure and even though there may be time to call, there may be no radio communication possible, so these protocols should also consider that situation.

Dr. Leva stated that he just had one comment about the Midazolam dose for seizures. The Inter Muscular (IM) dose, at this point is .05 mg. Dr. Sacchetti stated that a couple of studies recommend .1 mg for sedation. Dr. Leva will research the dose.

The next step would be to present the protocols to the MICU Advisory Council.

Dr. Leva added that although these are Radio Failure Protocols for prehospital use, there are a lot of emergency departments that use them as well. Dr. Leva would like the protocols to be available as soon as humanly possible. Ms. Kelly-Goodstein stated that there is nothing to prohibit their distribution prior to being placed into regulation. Ms. Kelly-Goodstein would prefer that the MICU Community review them first, and then they can be sent out to each Emergency Department. Additionally, the Radio Failure protocols are placed into practice by the Medical Director of each Mobile Intensive Care Unit. Only the Standing Orders component will need to wait for the regulations.

Dr. Whalen sent a note stating that he is uncomfortable about medicating the trauma victim without an assessment of neurological injury and volume status. The use of morphine is under radio failure protocols. Dr. Leva has spoken to several trauma doctors about the use of morphine for pain management and they did not voice any concern.

TARGETED ISSUE GRANT

The grant requesting the funding to support the Emergency Department Pediatric Critical Care Registry (PCCR) sent to the Federal Government on November 1. Copies of the grant narrative were made available to the members present. The grant money will begin on March 1st. Additionally, the renewal on our 3rd year partnership grant must be mailed by December 1st. This is a non-competing application supporting previously identified initiatives in years one and two.

Ms. Susan Way stated that at a recent director's meeting, Ms. Cindy Doyle of EMSC HRSA, commented that in future applications, we would need to focus on things that we can document as having a positive impact. We have a little time to put our thoughts together. Dr. Sacchetti stated that if the PCCR is implemented, we might have a mechanism to measure outcomes. The partnership grant cannot support salaries.

BYLAWS

One suggested change is that the Chair and the Vice Chair of the EMSC Advisory Council serve for two years instead of one year. Dr. Leva's term would be extended through next year. A motion was made and seconded to accept the term of office change.

Two additional changes were discussed:

Remove the word "pediatric" from the phrase "A pediatric registered nurse, to be appointed upon the recommendation of the Society of Pediatric Nurses (page 2, section 1, paragraph 14)

Specifying the fall meeting of the even numbered years as the annual meeting (page 3, section 4, paragraph 1)

It was then suggested that we change our meeting dates to quarterly instead of every other month. Additionally, we discussed briefly establishing standing committees so that specific issues, such as standing orders can come in a report to the Council as opposed to utilizing meeting time to discuss such issues.

Rather than incorporate the standing order committee into the bylaws, Dr. Leva suggested that we establish a standing order committee without changing the bylaws.

The NJ Hospital Association located at 760 Alexander Road, Princeton has offered to host our meetings.

The Bylaws were then proposed.

Meeting adjourned.

2002 Meeting Schedule
NJ Hospital Association
760 Alexander Road
Princeton – (609) 275-4000
10 a.m. to 12 p.m.

*May 6, 2002

(*Immediately following the EMSC Conference Radisson Hotel – Mt. Laurel)

September 17, 2002 – Room 2

November 19, 2001 – Room 2